MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=63=022287 STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 5080

FILED MAY 17 1963

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

1

2 4019 3

3

4 0

5 1

6

7 1

8 1

9

10

11

12 56-0

13

56

DATE AMENDED

INSTEAD OF

DOCUMENT

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. | SHOULD READ | BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Louis
Length of stay in 1b: 1½ Days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Christian Hospital
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: St. Louis
c. CITY OR TOWN: Berkeley
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 8922 Tutwiler Dr.
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First WILLIAM Middle STANLEY Last SWAIN

4. DATE OF DEATH: Month May Day 8 Year 1963

5. SEX: Male

6. COLOR OR RACE: White

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: 11/3/96

9. AGE (last birthday): 66
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HR: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired

10b. KIND OF BUSINESS OR INDUSTRY: Electrician

11. BIRTHPLACE (City and state or country): Springfield, Ohio

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: Charles M. Swain

13b. MOTHER'S MAIDEN NAME: Lulu Hallum

14. NAME OF HUSBAND OR WIFE: Selma H. Swain

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of servi) World War 1

17. INFORMANT Address: Mrs. Selma H. Swain 8922 Tutwiler Dr.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Heart Block & Bundle Branch
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Pneumonitis bilateral Upper Lobes
DUE TO (c): Arteria Sclerosis Generalized

INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 433.0

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from Jan 5-63 to May 8-63 and last saw her/him alive on May 8 63
Death occurred at 8:50 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): H Woodell M.D.

22b. ADDRESS: 5144 West Florissant

22c. DATE SIGNED: MAY 10 1963

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal

23b. DATE: 5/13/63

23c. NAME OF CEMETERY OR CREMATORY: Entombment Mt. Lebanon Mausoleum

23d. LOCATION (City, town, or county) (State): St. Louis County Missori

24. FUNERAL DIRECTOR ADDRESS: White-Mullen Mort. Ferguson, Missouri

25. DATE RECD. BY LOCAL REG.: MAY 10 1963

26. REGISTRAR'S SIGNATURE: Earl Smith, M.D.

7514 W. Florissant

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Reinhold K Lohmann

Licensed Embalmer No. 3395

P. O. Address St Louis 35 Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.